

Langley Fitness Center Civil Servant Member Application

Your interest in the NASA Fitness Program is a positive step toward improving your fitness level and incorporating a healthy lifestyle. The staff at the Langley Fitness Center takes pride in offering a professional exercise program which strives to help each individual meet their health and fitness goals. The 3,000 square foot facility has a variety of cardiovascular and strength training equipment, along with special service offerings such as personal fitness assessments and consultations, exercise prescriptions, equipment instructions, and various wellness programs. In order to become a member and receive the program's optimal benefits, we ask that you complete the following application.

Enclosed you will find:

- 1) Member Application
- 2) Participant Informed Consent

Please fill out all of these forms and return to the Fitness Center at M.S. 498. At that point, the Clinic physician will review your health history and sign the Physician Approval Form. If there are any health risk concerns, the Clinic will contact you regarding the form. After you have been cleared, the Fitness Center will contact you to set up an appointment for a fitness evaluation and equipment instruction.

We look forward to having you as a member and helping you become a healthier you! If you have any questions, please contact the Fitness Center at extension 46387.



LANGLEY FITNESS CENTER
MEMBER APPLICATION

OFFICEUSE:
DATE INPUT: ____/____/____
MEMBER#: _____
STATUS: _____

Name: (Last)_____ (First)_____ (MI) _____
Sex: (M/F)_____ Birthdate:____/____/____ Sal: (Dr., Mr., Mrs., Ms. etc...)____
Address:
Home: Street:_____ Work: NASA Langley Research Center
City:_____ MS _____
State:_____ Zip:_____ Email: _____
Phone: Home:_____ Work: _____
Who to contact in case of emergency: _____
Phone: _____
Marital Status:_____ Spouse's Name: _____

Health History:

History of high blood pressure (140/90)? (Y/N)____
Elevated cholesterol (>200 mg/dl)? (Y/N)____ Do you
smoke? (Y/N)____
Family history of heart disease before age 60? (Y/N)____
Are you diabetic? (Y/N)____ Number of years?____
Diagnosed heart problem? (Y/N)____ If yes, explain: _____
Are you currently undergoing periodical or continuous treatment or care for an ongoing
condition or problem? (Y/N)____ If yes, explain: _____
Please list any medications you are currently taking: _____

Chronic:

Asthma / Bronchitis? Y/N)____
Back Pain? (Y/N)____
Bad Knees? (Y/N)____
Joint Problems? (Y/N)____
Orthopedic Problems? (Y/N)____
Date of last physical: _____

Please check job status: NASA Civil Service_____ Co-op_____ Fire Dept. _____
Security_____ Visitor from another NASA center_____ Other _____

LANGLEY FITNESS CENTER

PARTICIPANT INFORMED CONSENT

NAME_____ AGE_____ SEX_____

MS_____ EXTENSION_____

I have volunteered to participate in a program of progressive physical exercise. I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for requesting such exercise and assistance. The possibility of certain unusual changes during exercise exist. They include: abnormal blood pressure, fainting, heart rate arrhythmias, and very rare instances of heart attack. Therefore, I understand it is important to disclose any pre-existing health conditions or injuries that may adversely affect my performance while exercising. To my knowledge, I do not have any limiting physical condition or disability which would preclude me from safely participating in an exercise program. I have also been informed that a physician's medical clearance by either the NASA health clinic or my own physician must be obtained prior to my participation in the exercise program.

I also understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform a staff member of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I agree to follow the program rules and regulations designed for my utmost safety.

Finally, I accept complete responsibility for my health and well-being in the voluntary exercise program and assume the risk of such exercise. I further agree to hold harmless the NASA Health and Fitness Center and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may results from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature:_____

Date:_____